EXHIBIT C

Case 06-10725-9wz D00 869	PRO	OF OF CLAIM	10.20 Pay	2
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative elarising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating		YOWED MONEY BY A BORROWER
Name of Creditor and Address	456	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU DOF CLAIM THIS BORROWER HELD DO NOT FILE THIS SECURED INTERIONE OF THE DEBUT If you have alrebankruptcy Court of Bankruptcy Court of the control	BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS ady filed a proof of claim with the OF BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifie	es debtor	Chack berg replace		
		Check here replace of this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	☐ Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes		salanes and compensation (i	fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #	formed from	
	Oripaid C	ompensation for services per	nomed nom	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(00.0)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes t	that best descr	be your claim and state the amou	unt of the claim at th	e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part of		a right of setoff)		ed by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of	_	1
Check this box if you have an unsecured claim all or part of which is		Real Estate L	Motor Vehicle	Other
entitled to priority Amount entitled to priority			od other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(8	3)	Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 da	ays	services for personal family o		• ,
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	뉴	Taxes or penalties owed to go		• (7,7
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	ــا	Other Specify applicable para * Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$	<u> </u>	with respect to cases commen	ced on or after the o	
5 TOTAL AMOUNT OF CLAIM \$ STREET (unsecured)		,963,5-5-\$	(priority)	\$ 1,509,96355
Check this box if claim includes interest or other charges in addition to	•	secured) amount of the claim Attach itel	((Total) all interest or additional charges
6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts, court judgments mortgages security DOCUMENTS If the documents are not available explain. If the BOATE-STAMPED COPY To receive an acknowledgment of	o <u>cuments.</u> su ty agreement e documents	ich as promissory notes pure s and evidence of perfection are voluminous attach a sur	thase orders involonged in the control of lien DO NOT mmary	oices itemized statements of SEND ORIGINAL
proof of claim	and have	- h	OT .	THO 00 - 07 - 07
The original of this completed proof of claim form must be so ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships	pm, prevailin	ig Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO	, [FILED
BMC Group Attn USACM Claims Docketing Center P O Box 911		up ICM Claims Docketing Cente t Franklin Avenue	·	NOV 10 2006
El Segundo CA 90245-0911		do CA 90245		
DATE SIGN and print the name and title if any of the Claim (attach copy of power of at		rother person authorized to file		USA CMC

Case 06-10725-gwz Doc 8693-3 Entered 07/24/11 13:18:26 Page 3 of 12 FÓRM B10 (Official Form 10) (10/05)

Ottas Dis (Ciliotal Cilii 15) (15/55)				
United States Bankruptcy Court	Dis	TRICT O	Nevada	PROOF OF CLAIM
Name of Dehtor USA Commercial Mortgage Company	Case I	Number 0	6-10725-LBR	
NOTI: This form should not be used to make a claim for an administrative expense me	strative expo ny be filed p	ense arisin Dursuani id	g after the commencement 0 11 USC § 503	
Name of Creditor (The person or other entity to whom the			ou are aware that anyone a proof of claim relating to	
debtor owes money or property) Walter Musso & Barbara Musso Trustees of the Musso Living Trust dated 11/30/92	your	claim A ng particul	ttach copy of statement ars	
Name and address where notices should be sent Walter Musso	notic	es from s	ou have never received any he bankruptcy court in this	
P O Box 2566		ck box if t	he address differs from the	
Avila Beach, CA 93424 Telephone number 805-595-2123		ess on the court.	envelope sent to you by	THIS SIMCE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here is claim	replaces amends a previously fi	iled claim dated
1 Resis for Claim			tiree benefits as defined in	
Goods sold Services performed		La La	ges, salaries, and compen st four digits of your SS #	
Money loaned			paid compensation for se	rvices performed
Personal injury/wrongful death Taxes Other See Exhibit A		fro	(datc)	_ to
2. Date debt was incurred November 21, 2003	3.	if cour	t judgment, date obtaine	eq.
4 Classification of Claim. Check the appropriate box or boxes to	hat best des	cnbe you	r claim and state the amoun	nt of the claim at the time case filed
See reverse side for important explanations. Unsecured Nonpriority Claim \$_623,004.79		Secure	ed Claim	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claim, or none or	a right	of setoff)	n is secured by collateral (including
only part of your claim is entitled to priority Unsecured Priority Claim			Brief Description of Collate Real Estate Moto	eral r Vehicle Other
Check this box if you have an unsecured claim all or part of entitled to priority	which is	1	Value of Collateral \$_U nt of arrearage and other ch	Inknown larges at time case filed included to
Amount entitled to priority \$		secure	d claim, if any \$ 8,308	59
Specify the priority of the claim.		Up to \$2	,225* of deposits toward pes for personal, family, or	ourchase, lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	or —	§ 507(a)	(7)	
	∐ □ 081 mi		•	nental units - 11 USC § 507(a)(8) oh of 11 USC § 507(a)()
Wages, salarics, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier - 11 U S C § 507(a)(4)	xors ∐ <i>≀A*</i>	nounts ar	e subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. \$ 5070		with resp	pect to cases commenced of	n or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	3	623,00	4 79 623.004.79 (secured)	(pnority) 623,004 79 (Total)
Check this box if claim includes interest or other charges in ac interest or additional charges.	idition to th			
Credits The amount of all payments on this claim has bee making this proof of claim	n credited a	and deduc	ted for the purpose of	THIS SPACE IS FOR COURT USP ONLY
7 Supporting Documents: Attach copies of supporting documents	nents, such	as promis	ssory notes, purchase	
orders invoices itemized statements of running accounts, cont	racts, court	judgment	a madanan tanımı	LED JAN 1 6 2007
agreements, and evidence of perfection of lien DO NOT SE documents are not available, explain If the documents are vol			•	ILLU DAN I U COO
8. Date-Stamped Copy To receive an acknowledgment of the	filing of you	ur ciaım, e	enclose a stamped self-	
addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of	the credito	r or other	person authorized to	
file this claim (attach copy of power of attach	omey if an	y) /	-	
1/8/07 10 Ml Donne -	TAM	_ بال		USA CMC

ORM BID (Official Form 10) (10/08) Unsign Starbs Bankruptus Court	DISTRICT OF Neverta	DDDD 27 37 441
Name of Dahler USA Commercial Mongage Company	Case Number 06-10725-LBR	PROOF OF CLAIM
NOTE. This form should not be used to make a claim for an administ the ease. A "negatal" for payment of an administrative expense on	many contract minut after the consumeracion	
research in the person or when eathy to whom the	Check box if you are quare that anyone	
NETO STORY OF GILMOUR IRA	wine less filed a proof of alulm relating to your citim. Attach copy of antennan	
Nume and address where storices should be sent	Evide basishing	
Nancy R. Gilmour PO Box 1241	notices from the bankrupicy court in this past. Openix box if the editors deliver from the	1 1
Campno siand WA 98292-1241	address on the envelope with to you by the court	THAN SPACE ON HOM COMMITTEN ONLY
As four digits of account or other number by which creditor Icoldien debter. 7180	Check have implaced a proviously if	filec clam, deted
l. Rocks for Classes Gacdu optd	Resires benefits as defined in Wages enlaries, and comper	mular (fill out below)
Services performed Money touned	Lesi four dignts of your \$6.4 Unpaid compensation for ad	
Personal injury/urongout death Thurs See Exhibit A Other	from(date)	to(data)
Date debt was incurred: 11/21/05	3. If court judgment, date abjain	rd:
Chamilication of Claim. Check the appropriate box or buses the fire several sure for responses explanations. Insecured Nonpriority Claim 5_203,004.11	Secured Chim	u of the claim of the time case filed is secured by collegely (including
These this box if, a) there is no collected or lice because your open claim exceeds the value of the property specifing it, or if a) is only part of your claim is estilled to proority	claum, or a right of scioff). Briaf Description of Collate	
nsecured Priority Claim	Real Exace Motor	
Churk this box if you have an unsecuted cisins, all or part of windied to practic	AMORE EN	rress at time case tiled included in
mount entitled to priority S.,	Up to \$2,225° of departs sound or	Izohasa, Jessa, Gr rustal of property
Townshie aupont obligations under 11 U.S.C. & 507(a)/ (XA) or XIX(b)	or partices for pornonal family as h	ensolicid une - I) U.S.C
Weges, salaries or commissions (so to \$10,000).* aarned within ys before thing of the bankrium's politon or cessation of the debox siness, whichever is earlier it USC \$ 507(a)(4)	180 Other - Specify spiritable paragraph	
Describitions to an employee benefit plan - 11 U.S.C. # 507(x)		i sút and évery à years thereatter or ofter the dots of odjustavent.
Total Amount of Claim at Time Case Flied:	203,004 H 203,004.11	(priority) (Thur)
Check this box if aloun includes interest or other charges in additutioner or additional charges.	ion to the principal amount of the claim. Alcu	(priority) (Touri) chikemized statement of All
Condition. The amount of all payments on this claim has been a making this proof of claim.		This Street is the Count Uni Order
Supporting Documents: Attack copies of apporting documents of running accounts, combact appreaments, and surdence of perfection of I on DO NOT SEND.	S, COURT JUDGITHERIES, MONTERSEE, SECURITY ORIGINAL EDOCUMENTS 18 IN.	
comments are not available, unplain. If the documents are volumb Dada-Stamped Copy. To receive an admonistrament of the film	nder, Mach a summer	
societited anyologic and copy of this proof of claim. Sign and prior the name and title, if say of the	credital of other betset anytal and to	FILED JAN 11 20
109/07 file this plain (attach copy of power of attorne	Nancy FL Gilmour	1
suite for pretention founding water for	INTERNAL HAR OF THE STREET OF BUILDING	7 th (65 and 165
entre for presenting framediens claims there at up so \$500,000 or its	Assessment with sie to S. Leans' of Dollar 19 Cr.2 (152 152 160 167 USA CA

Note: This firm should not be used to make a claim for an admit the Last. A "inquisit" for payment of an administrative expense value of Creditor (The parion or other entity to whom the latter owns all Saving Bank Custoden for NANCY R GILMOUR IRA	minerality deposed arming after the companiestest
I the Law. A "request" for payment of an administrative expense Name of Creates: (The parson or takes eatily to whom the latter sweet first Savings Baris Custodian for	may be filed persuant to II U.S.C. § 503
ktror owor File Saving Ballic Custodian for	Chece Box If you are aware that anyone
	ette has filed a proof of slaim relating to your claim. Attach copy of malament graing personalism.
Varue and address where notices should he sent Namoy R. Gilmour PO Bost 1241 Campho Island WA 88292-1241	Check box if you have never received any notices from the bankruptery open in this case. Check box if the estateme defline from the address on the on welcose sum to you by
Claphone number 1990 307 0007 And Four elects of account or other number by which creditor	the court. Chack here hepisons
entition debior 7180	if this claim Amonds a previously filed claim, decad.
Gaodu seid Sarvices performed Mosey iosned Personal Musy/Prongral death	Wagen, salaries, and compensation (fill out bulow) Last four digits of your SS 4; Upped compassation for nervices performed from
Taxes See Estrible A	(desc) (desc)
Date debt was incurred 11/21/0	3. If court judgmous, data abtained:
See severes safe for expension explanations. Check this box if a) there is no collegand or the property operating it, or if only part of your claim separate to value of the property securing it, or if only part of your claim is estitled to priority. Instanced Priority Chain Check this box if you have an unsecured claim, all or part or partied to priority mount entitled to priority. Instance apport obligations under 11 U.S.C. 5 507(a)(1)(A) Where, interies, or commissions (up to \$10,000), asserted we are there filling of the bankrisonsy position or exaction of the do priority is seeller. If U.S.C. 5 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. 5 507 Check this box if claim includes interest or other charges in a interest or editional discrete. The ampount of all pay regards on the claim has be uniqued. The ampount of all pay regards on the claim has be	Real State Motor Vehicle Other— White of Collegeral S <u>Hirithchard</u> Amount of arrentage and other charges at time case filed included in secured claim. If any: \$ 3.006.11 Up to \$2.235° of depassa sowerd purchase, former, or restal of propert or services for government, family or household use -11 U.S.C \$ 507(a)(7) Taxos or possibles awad to governmental units -11 U.S.C \$ 507(a)(8) thin 180 Other - Specify applicable paragraph of 11 U.S.C \$ 507(a)(8) "Amounts are subject to adjustment an 401/07 and every 1 years the realist with respect to cause commenced on or offer the date of adjustment. 203.004.11 (orderly) (orderly) (There) andstrom to the privelest amount of the claim. Attach hersized statement of all
studing this proof of claim. Supporting Decomments: Attack copies of supporting decounts, on orders, involves, itemized statements of running accounts, our agreements, and avidence of perfection of ice. DO NOT SE documents are not available, explain, if the documents are voluments are not available, explain, if the documents are voluments are voluments.	ements, such as promissory notes, purchase history, court judgments, mongages, security and Original Documents, mongages, security and Original Documents, if the Muminous, starts a summary, if filing of your cleum discloses a statement, additional files creditor or other person suther and to

PAGE 01

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7690-786-0**36** 32 71 7002/60/10

The state of the s	and the second s	
United States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL WORTGAGE COMPANY	THOU OF GEARIN	
NOTE This form should not be used to make a claim for an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) SHEROW TRUST DATED 9/11/89	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any	
Name and address where notices should be sent ARRON OSHEROW, TRISTEE 200 S. BRENTWOOD BLVD #9d ST LOUIS, MG 63105 Telephone number 314 72 622		This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed	claim dated
Goods sold Services performed Money loaned Personal mjury/wrongful death Taxes See Exhibit A	Retiree benefits as defined in 11 Wages, salaries, and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed
2 Date debt was incurred 4/18/05	3. If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$544,233.01 Check this box if a) there is no collateral or lien securing your only part of your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Velovinch is Amount of arrearage and other charge secured claim if any \$6.500 Up to \$2,225* of deposits toward purch or services for personal, family or house \$507(a)(7) Taxes or penalties owed to governmental or services for personal paragraph of *Amounts are subject to adjustment on 4/1/0 with respect to cases commenced on or design to the service of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of	ecured by collateral (including hicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in add interest or additional charges	lition to the principal amount of the claim. Attach i	onty) (Total) temized statement of all
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are voluntially contracts are not available explain. 	ents, such as promissory notes, purchase acts court judgments, mortgages, security D ORIGINAL DOCUMENT'S If the	IS SPACE IS FOR COURT USE ONLY FILED JAN 10 2
8 Date Stamped Copy To receive an acknowledgment of the file addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the file this claim (attach copy of power fraction). SAN 9, 200	ting of your claim, enclose a stamped self [] [] the creditor or other person authorized to mey, if any future	1 0 2007
Penalty for presenting fraudulent claim Fine of up to \$500,000 or		

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	D	STRICT	· OF	Nevada	*****	
Name of Dubtor COMPANY USA COMMERCIAL MORTGAGE		Numb	-r	10725-L	BR	PROOF OF CLAIM
NOTE. This form should not be used to make a claim for an adminu			_			
of the case A request" for payment of an administrative expense ma						
Name of Creditor (The person or other entity to whom the debtor owes money or property) JENNEFER C PEELE TRUSTEE OF THE PEELE SPOUSAL TRUST 2/10/87 Name and address where notices should be sent. JENNEFER C PEELE 2581 RAMPART TERRACE	eis yo giv Ct no	e has fil ur claim ring part eck box tices fro se	led an Atticulation of the second sec	ou are aware that a proof of claim rela ach copy of staten irs. ou have never recei e bankruptcy court e address differs fr	ting to nent ived any i in this	
RENO NV 89519 Telephone number 775 827 5985		dress on court.	the	envelope sent to yo	u by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Ch	eck hen his clair		replaces amends a previ	ously filed	claim dated. 12/11/06
I Basis for Claim Goods sold Services performed Woney loaned Personal injury/wrongful death Taxes Other SEE EX+IIBIT			Wag Lasi Unp		ompensati ir SS # for service	es performed
2. Date debt was incurred. DECEMBER 2003	3.	If co	purt	judgment, date (btained.	
4. Classification of Claim. Check the appropriate box or boxes the Sec reverse side for important explanations. Unsecured Nonpriority Claim \$ 253, 112.0 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$	r claim, on none or which is	Amesecutup to or serving 507. Taxes Other	Vanced S2.2 Voices (a)(7) or p - Sp are:	i Claim eck this box if your feeth setoff) ef Description of Real Estate lue of Collateral of arrearage and o claim, if any \$	Collateral Motor Ve \$ 100 ther charge 37 1 2 ward purch ly or house evernments aragraph of ant on 4/1/0	secured by collateral (including shicle Other————————————————————————————————————
5. Total Amount of Claim at Time Case Filed.	}			2-01/25371	· /	/253,712.01
Check this box if claim includes interest or other charges in add interest or additional charges.	ition to ti	unsex ne princ			m Attach	onty) (Total) sternized statement of all
6. Credits. The amount of all payments on this claim has been making this proof of claim. 7. Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SENI documents are not available, explain. If the documents are voluin 8. Data-Stamped Copy: To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of the fill thus claim (attach copy of power of attornaments). Level 1.	ents, such cts, court D ORIGH ninous, al ing of you ne credito ney, if an	as pron Judgme NAL D ttach a s ur claim r or oth y)	misso ents, OCU sumn i, enc	ry notes, purchase mortgages, securi IMENTS If the pary close a stamped, se	iy ir- FILI	ED JF 11 1 2 2007
Penulty for presenting franchises claum Fire of up to \$500,000 co						

UNITED STATES BANKRUPTCY COURT PROBERRIGT OF NEVADA	OOF OF CLAIM
Name of Debtor Case N	lumber
USA Commercial Mortgage Co. 06	-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are
ansing after the commencement of the case. A "request" for payment of an	aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address	filed a proof of claim relating to your claim. Attach copy of
^	statement grving particulars
Dennis RAGGI	Check box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
60 Box 10472	BMC Group in this case. SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
Zephya Cove, Wevala 89448-2475	Check box if this address differs from the address on the envelope sent to you by the Court or BMC, you do not need to file again.
Creditor Telephone Number () 775 901 1357 Last four digits of account or other number by which creditor identifies debtor	THIS SPACE IS FOR COOK! USE CHE!
	Check here or a previously filed claim dated amends
1 BASIS FOR CLAIM Returee Returned Personal injury/wrongful death	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Services performed Taxes Wages, Last for	, salanes and compensation (fill out below) Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe briefly) Unpaid	compensation for services performed from to
	(date) (date) COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	cribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ \ () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a nght of setoff)
UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other Value of Collateral \$
Amount entitled to pnority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any: \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase lease, or rental of property or
Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
business, whichever is earlier 11 U S C § 507(a)(4)	Other Specify applicable paragraph of 11 USC § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 100 61 54 \$	with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED 10751	(secured) \$
	i amount of the claim. Attach itemized statement of all interest or additional charges.
6 CREDITS The amount of all payments on this claim has been credited and	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , s running accounts, contracts, court judgments, mortgages security agreemen DOCUMENTS If the documents are not available explain. If the documents	uch as promissory notes, purchase orders invoices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the filling of proof of claim	
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevailir for each person or entity (including individuals, partnerships, corporation	ng Pacific time, on November 13, 2006
governmental units)	
BMC Group BMC Gro	The state of the s
	ACM Claims Docketing Center of Franklin Avenue GO. CA 90245 FILED JAN 0 8 2007
El Segundo CA 90245-091 El Segun	40 01100210
DATE 12-29-2006 SIGN and print the name and title, if any of the creditor of this claim (attach copy of power of attorney if any).	r other person authorized to file
Dennis I	March
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	L USA CMC
	1072501878

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FURM BTU (Ufficial Form 10) (10/05)		-				
United States Bankruptcy Court	Dr	STRICT	OF_	Nevada		PROOF OF CLAIM
Name of Debtor	Case	Numb	er			THOO! OF OLAHW
USA Commercial Most cage Compa				725-	LBR	
NOT: This form should not be used to make a claim for an admini	سيجاب إثب					
of the case. A request" for payment of an administrative expense m	ay be filed	pursua	int to 1	IUSC § 5	03	
						
Name of Creditor (The person or other entity to whom the				are aware th		
debtor owes money or property)	1			roof of claim ch copy of si		·
Demis RACGI, A married man dealing			ticulars			1
Dennis Racci, a married man dealing with his sole a separate property Name and address where notices should be sent	- Chx	ck box	c if you	have never	received ai	ny
	1		om the	bankruptcy of	ourt in the	ıs
Dennis RAGGI	П Ch	-	ıf the	address diffe	re from the	
PO Box 10475, ZEphya Cove, WV 89448	1 Innerell			velope sent (
Telephone number 775-901-1357		court.	1871			THIS SPACE IS HAR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1 -	ck her	e X	replaces		12-29-06
identifies deolor	ifti	us clai	m	amends a p	reviously	filed claim dated. 12-29-06
1 Basis for Claim		П	Retire	e benefits a	defined i	in 11 USC. § 1114(a)
Goods sold		П	Wages	s salaries, a	nd compe	nsation (fill out below)
Services performed		t-m-si		our digits of	-	
Money loaned Personal injury/wrongful death			Onpai	ia compensa	tion for s	ervices performed
			from_			_ to
Taxes Sce Exhibit A				(date	:)	(date)
2. Date debt was incurred	3.	lf c	ourt iu	idgment, da	te obtain	ed:
November 2003	1		•	,		
4 Classification of Claim Check the appropriate box or boxes th	nat best des	cnbe v	our cla	arm and state	the amou	int of the claim at the time case files
See reverse side for important explanations			ured			
Unsecured Nonpriority Claim \$ 2,442,034 35		I				
X Check this box if a) there is no collateral or lien securing you	er claim, or	X	Chece ght of :	ck this box if setoff)	your class	m is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	"		-		
		-		f Description		
Unsecured Priority Claim		1		Real Estate		
Check this box if you have an unsecured claim all or part of w	which is		Valu	e of Collate	al 5_ <u>1</u>	wkown
entitled to priority		Am	ount of	f arrearage a	nd other cl	narges at time case filed included in
Amount entitled to priority \$		seci	ured cla	aim if any	\$ 26,7	14851
Specify the priority of the claim	П	Up to	\$2,225	5* of deposit	s toward r	ourchase, lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) o	_ 니	or ser	vices fo	or personal	family, or	household use - 11 U.S C
(a)(1)(B))r		(a)(7)			
Wages salaries, or commissions (up to \$10 000),* earned within	ᆜᄱ	Taxes	or pen	alties owed	o governn	nental units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt	or's	Other	- Speci	ify applicable	e paragraj	ph of 11 USC § 507(a)()
business, whichever is earlier - 11 U'S C § 507(a)(4)		nounts	are sul	bject to <mark>adju</mark>	stment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(a)(5)	with r	espect i	to cases com	menced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	2,44	2.034	3 <u>5</u> 2.442	03435	2,442,034 35
<u>painty</u>	-	(unsex	aned)	(secu	red)	(mmonty) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges.	ution to the	e princ	ipal an	nount of the	claım Att	ach itemized statement of all
6. Credits: The amount of all payments on this claim has been	credited a	nel dad	wind f	for the name	so of	PT A
making this proof of claim		ucu	oved i	or me built	ov VI	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	ents, such	es pron	nissorv	notes nure	hase	
orders invoices, itemized statements of running accounts, contra	cts, court i	udenx	ents. me	ortgages, sec	untv	
agreements, and evidence of perfection of hen DO NOT SENI	D ORIGIN	IAL D	OCUM	MENTS If the	ne l	
documents are not available explain. If the documents are voluments	ninous, att	ach a s	ummar	ry		- ann7
8. Date-Stamped Copy: To receive an acknowledgment of the fill	ing of you	r claım	, enclo	se a stampeo	l, self-	- INN 12 LUU
addressed envelope and copy of this proof of claim Date Signand from the fame and title if any of the			-		FI	ED JAN 12 2007
file this claim (attach copy of power of attorn	ne creditor	or oth	er pers	on authorize	d to	
1/8/2007	any	,			I	
1 see in the see					I	
7 - 5' V/ 5V		-		***************************************		USA CMC



FORM B10 (Official Form 10) (10/05)

FORM DIO (Official Form 10) (10/05)		
United States Bankruptcy Court SOUTHERN	D ISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S-06-10725 LBR	
NOTE This form should not be used to make a claim for an administrative of the case. A "request" for payment of an administrative expense may be filed put		
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to your claim	
ROBERT J ROWLEY & KATHLEEN M ROWLEY LIVING TST	Attach copy of statement giving	
Name and address where notices should be sent. c/o Peter Susi, Esq	Check box if you have never received any notices from the	
Michaelson, Susi & Michaelson	bankruptcy court in this case	
7 West Figueroa Street, 2nd Floor	Check box if the address differs	
Santa Barbara, CA 93101	from the address on the envelope	ļ
Telephone number (805) 965-1011	sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces	sly filed alarm dated
N/A	if this claim amends a previou	sly filed claim, dated
1 Basis for Claim		700011117
Goods sold	Retiree benefits as defined in 11 U	
Services performed	Wages, salaries, and compensation	(fill out below)
Money loaned	Last four digits of SS #	
Personal injury/wrongful death	Unpaid compensation for services	performed
Taxes	from(date)	to
X Other See attached	(date)	(date)
2 Date debt was incurred Unmatured see attached	3 If court judgment, date obtain N/A	ed
4 Classification of claim Check the appropriate box or boxes that best See reverse side for important explanations 0.000	t describe your claim and state the amount of th	ne claim at the time case filed
Unsecured Nonpriority Claim \$ 160,000	Secured Claim	
Check this box if a) there is no collateral or lien securing your	Check this box if your claim is se	cured by collateral (including a
claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	nght of setoff)	
	Brief Description of Collateral Real Estate M	otor Vehicle
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is	Other	bio. Venicie
entitled to priority		
Amount entitled to priority \$	Value of Collateral \$	
Specify the priority of the claim	Amount of arrearage and other charges at secured claim, if any \$	time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward puri property or services for personal, fami	
Wages, salaries, or commissions (up to \$10,000),* earned within 180	§ 507(a)(7)	ny, or nousehold use - 11 G S C
days before filing of the bankruptcy petition or cessation of the	Taxes or penalties owed to government	_
debtor's business, whichever is earlier - 11 USC § 507(a)(4)	*Amounts are subject to adjustment on 4/1/07 and	
Contributions to an employee banefit plan - 11 USC § 507(a)(5)	respect to cases commenced on or after t	
5 Total Amount of Claim at Time Case Filed <u>\$ 160.00</u>		(priority) (Total)
Check this box if claim includes interest or other charges in addit interest or additional charges		
8. Credits The amount of all payments on this claim has been credited a	and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY
this proof of claim 9 Supporting Documents Attach copies of supporting documents su	ich as promissory notes, purchase	Fold Date
orders, invoices, itemized statements of running accounts, contracts, court j	udgments, mortgages, security	7° led Date. 10/3/2006
agreements, and evidence of perfection of hen DO NOT SEND ORIGINA		10 13 1200G
documents are not available explain. If the documents are voluminous, atta 10 Date-Stamped Copy To receive an acknowledgment of the filing of	-	
self-addressed envelope and copy of this proof of claim	- 10m ommit enouge a grantherd	
Date Sign and print the name and title, if any, of the credit	or or other person authorized to file	USA CMC
August 3, 2006 this claim (attach copy of power of attorney, if any)		1072500254
Penalty for presenting fraudulent claim Fine of up to \$500,000	or imprisonment for up to 5 years, or both 18	IUSC §§ 152 and 3571 B10

Case 06-10725-gwz Doc 8693-4	PRO	OOF OF CLA	AIM	:26 Pag (2 11 01 12
Name of Debtor	Case Number				
USA Commercial Mortgage Company	06-10725-LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp		Check box if you a			
ansing after the commencement of the case. A "request" for payment of		aware that anyone else	has .	E VOU ABE ON	Y OWED MONEY BY A BORROWER
Name of Creditor and Address.		filed a proof of claim rel to your claim. Attach of	opy of	WHOSE LOAN IS	BEING SERVICED BY THE
name of Creditor and Address.	1	statement giving particu	į (OF CLAIM THIS	DO <u>MOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
WINKLER, RUDOLF & CARMEL WINKLER, 7	-	Check box if you he never received any notion	Mayo	BORROWER HE	LD IN THE COLLECTION ACCOUNT
10000 ROSSBURY PLACE LOS ANGELES CA 90064		from the bankruptcy cod BMC Group in this case	ourt or		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
WINKIER FAMILY TRUST UTD 3/13/	10,	Check box if this a	là	ONE OF THE DE	
Winkles Himing hear Dibajis	9 9	differs from the address envelope sent to you by	s on the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (3) 10 -J 58 - 333 4		court	1	• •	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here	replace	98	
97		if this claim	or amend		/ filed claim dated
1 BASIS FOR CLAIM	Retiree l	benefits as defined in '	11 U S C	§ 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salanes, and compens	sation (fil	out below)	Other claims against service
☐ Services performed ☐ Taxes ☐ ☐ Money loaned ☐ Other (describe briefly)		r digits of your SS #			(not for loan balances)
See Exhibit A	Unpaid o	compensation for servi	ices perf	ormed from	to
2. DATE DEBT WAS INCURRED 12-16-2002	3 IF C	OURT JUDGMENT, D	DATE OF	STAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	ibe your claim and state t	the amour	nt of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$605,317 99		SECURED CLA	MIM		
The Check this box if a) there is no collateral or lien securing your claim or b)	your claim			ır daim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you entitled to priority	our claim is	a right of se Bnef descrip	•	olisteral	
UNSECURED PRIORITY CLAIM	.			Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	P W	Value of Co		\$ Unk	
Amount entitled to priority \$					at time case filed included in
Specify the priority of the claim		secured claim, if	fany \$	8619.	63
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)					or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		services for personal to Taxes or penalties own	•		•
business whichever is earlier 11 U S C § 507(a)(4)		Other - Specify applica			= :::,
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject with respect to cases of			nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 100 (317, 55 \$ (و که م	17 99 \$	COHIHIBITO	ed Oil Of aller line	\$ 60×317 99
AT TIME CASE FILED (unsecured)	- ,	secured)		(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim At	ttach item	ized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts, contracts, court judgments, mortgages, security s	ments. su	uch as promissory note	es purch	ase orders, inv	roices, itemized statements of
DOCUMENTS If the documents are not available, explain If the d	locuments	are voluminous, attac	ch a sumi	mary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a s	stamped,	self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm.	, prevailin	ng Pacific time, on No	ovember	13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, c	orporatio	ns, joint ventures, tr	rusts and	1	
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIV	ERY TO	EH	ED JAN 1 2 2007
Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing	g Center	ΓIL	ICD DHIN T & 5001
El Segundo CA 90245-0911	El Segune	do, CA 90245			
DATE SIGN and print the name and title if any of the this page property of popular of attorn	e creditor or ney if anv).	r other person authorized	to file	TOUST	USA CMC
1-10-2007 (10) Willer	MUST	MINER COLL !!	/13/8 t		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	/				
V					

Case 06-10725-gwz Doc 8693-3 Entered 07/24/11 13:18:26	Page 12 of 12
UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA	
BIGING FOR MEVALE	
Name of Debtor Case Number	
USA Commercial Mortgage Company 06-10725-LBR	
Control mongage company	
NOTE See Reverse for List of Debtors and Case Numbers	
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503 filed a proof of claim relating to your claim. Attach copy of	E ONLY OWED MONEY BY A BORROWER DAN IS BEING SERVICED BY THE
Name of Creditor and Address statement giving particulars DEBTORS	YOU DO <u>NOT</u> HAVE TO FILE A PROOF THIS INCLUDES MONEY FROM THAT
Isaa Isaa	ER HELD IN THE COLLECTION ACCOUNT
P O BOX 1817 from the bankruptcy court or DO NOT FI	LE THIS PROOF OF CLAIM FOR A
ONE OF TI	INTEREST IN A BORROWER THAT IS NOT HE DEBTORS
amore non the address on the	ave already filed a proof of claim with the
	Court or BMC you do not need to file again SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	
6848 Check here if this claim amends	nousiy filed cıaım qateq
1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114	(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages, salaries and compensation (fill out belo	w) Other claims against servicer
Services performed	(not for loan balances)
Money loaned	m to
2 DATE DEBT WAS INCURRED 6 -28-05 3 IF COURT JUDGMENT, DATE OBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the cla	am at the time case filed
See reverse side for important explanations SECURED CLAIM	
II I Check this pox if a) there is no collateral of lien securing your claim or b) your claim 🙌	secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff)	
LINSECURED PRIORITY CLAIM	(should D Others
Check this box if you have an unsecured claim all or part of which is entitled to priority Real Estate Motor V Value of Collateral \$	ehicle Other
	arges at time case filed included in
Specify the priority of the claim	ord
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental in the salaries of the bankruptcy petition or cessation of the debtor's	• (,,,,
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) Taxes or penalties owed to governmental to business whichever is earlier - 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11	
Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/	1/07 and every 3 years thereafter
with respect to cases commenced on or at 5 TOTAL AMOUNT OF CLAIM \$ \$ /50,000 \$	fer the date of adjustment \$ _/50,000
AT TIME CASE FILED (unsecured) (secured) (prionty)	(Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized states	, , ,
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this	proof of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orde	rs invoices, itemized statements of
running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary	O NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addr proof of claim	ressed envelope and copy of this
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)	FILED TWN 4 1 200'
BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO BMC Group	FILED JAN 1 1 2007
Attn USACM Claims Docketing Center P O Box 911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue	
El Segundo CA 90245-0911 El Segundo, CA 90245	
DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	USA CMC
1-10-07 William a. Lodel WILLAM A. ZADEL	1072502027
	10,2002021